

## SECTION 6 MODIFIERS

Missouri Medicaid uses the following modifiers for the professional services.

<b><u>Modifier</u></b>	<b><u>Description</u></b>
26	Professional Component (required for laboratory, radiology, nuclear medicine/EEG/EKG services)
50	Bilateral Procedure
52	Reduced Services (for use only with EPSDT/HCY screening procedure codes and case management for pregnant women procedure code H1001TS52)
54	Surgical Care Only
55	Postoperative Management only
59	Distinct Procedure Service (used <b>only</b> to identify the components of an EPSDT/HCY screen when <b>only</b> those components related to developmental and mental health are being screened)
62	Two surgeons
63	Procedure performed on infants (used <b>only</b> with CPT codes 99231-99233 for dates of service 10/16/03 to 12/31/04)
80	Assistant Surgeon
AA	Anesthesia services performed personally by anesthesiologist
EP	Service provided as part of Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT/HCY) program
QK	Medical direction of two, three or four concurrent procedures involving qualified individuals
QX	CRNA service, with medical direction by physician
QZ	CRNA service, without medical direction by physician
SL	State supplied vaccine (Used for VFC administration codes only)
SG	Ambulatory Surgical Center (ASC) facility services
TC	Technical Component (required for laboratory and radiology services)
TF	Intermediate Level of Care (used <b>only</b> with procedure code T1029)

<u>Modifier</u>	<u>Description</u>
TG	Complex/high tech level of care (for use <b>only</b> with procedure codes 99231-99233, inpatient newborn care, for dates of service January 1, 2005 and after, and with procedure code T1029, Environmental Lead Assessment)
TF	Intermediate level of care (for use <b>only</b> with procedure code T1029)
TS	Follow-up Service (for use <b>only</b> with Case Management for Children and Youth program and for Case Management for Pregnant Women program)

The following additional level of care modifiers have been approved for use by Centers for Medicare and Medicaid Services to meet the needs of state Medicaid agencies and should not be submitted or used by any other payor.

<u>Modifier</u>	<u>Description</u>
U7	Sexual Assault Findings Examination (SAFE) and Child Abuse Resources Examination (CARE) exams
U8	Service provided in the home setting
U9	Diabetes Self-Management Training Services
UA	Lead related services
UC	EPSDT/HCY referral for follow-up care